



# COUNTY OF LOS ANGELES

## UNITED STATES

### SERIES EE SAVINGS BONDS

### CANCELLATION NOTICE



PREPARE ONLY ONE COPY OF THIS FORM. COMPLETE INFORMATION REQUESTED BELOW FOR THE BOND YOU WISH TO CANCEL. COMPLETE A SEPARATE FORM FOR EACH BOND BEING CANCELLED. UPON COMPLETION, FORWARD THIS FORM TO YOUR DEPARTMENT'S U.S. SAVINGS BOND COORDINATOR.

|   |                           |             |             |              |      |
|---|---------------------------|-------------|-------------|--------------|------|
| DO NOT WRITE IN THE BOXES TO THE RIGHT. FOR AUDITOR'S USE ONLY. | DEDUCTION CODE <b>125</b> | OLD P/R DED | NEW P/R DED | BOND SEQ NO. | CODE |
|---|---------------------------|-------------|-------------|--------------|------|

|   |                                     |   |
|---|-------------------------------------|---|
| EMPLOYEE NO.  | DEPT. NO.                           | EMPLOYEE NAME (TYPE OR PRINT - FIRST, MI, LAST) |
| <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div> |   |

ARE YOU CANCELLING ALL OF YOUR SERIES EE SAVINGS BONDS, DEDUCTION CODE 125?

☐ YES ☐ NO

**SUBMIT A SEPARATE FORM  
FOR EACH BOND**

|   |        |
|---|--------|
| ENTER THE TOTAL NUMBER OF FORMS YOU ARE NOW SUBMITTING. | NUMBER |
|---|--------|

I WISH TO DISCONTINUE THE PURCHASE OF UNITED STATES SAVINGS BONDS FOR:

|  |
|--|
| OWNER NAME (TYPE OR PRINT - FIRST, MI, LAST) |
|--|

OWNER SOCIAL SECURITY NUMBER

|                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
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|-------------------------------------|-------------------------------------|---|

CO-OWNER/BENEFICIARY NAME (IF APPLICABLE) (TYPE OR PRINT - FIRST, MI, LAST)

|   |
|---|
| CO-OWNER/BENEFICIARY NAME (IF APPLICABLE) (TYPE OR PRINT - FIRST, MI, LAST) |
|---|

CO-OWNER/BENEFICIARY SOCIAL SECURITY NUMBER (IF APPLICABLE)

|                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
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|-------------------------------------|-------------------------------------|---|

MONTHLY DEDUCTION FOR THIS BOND

\$

FACE VALUE OF BOND

\$

I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES TO DISCONTINUE, AS INDICATED ABOVE, DEDUCTIONS FROM MY EARNINGS FOR THE PURPOSE OF UNITED STATES SAVINGS BONDS.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
WORK PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
(OPTIONAL)